

Name of Institution: _____		OPE ID#: _____					
STUDENT FILE WORKSHEET							
Name	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	Marital Status <input type="checkbox"/> Mtd. <input type="checkbox"/> Sgl.	Household Size	# In College	Grade Level	Hrs/Cred Earned
Program of Study	Program Length	Academic Yr. Length	Enrollment Date	Enrollment Status <input type="checkbox"/> F <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> <1/2	Adjusted Gross Income		
	Grad/Withdl Date	Award Yr. Reviewed	Midpoint Date	<input type="checkbox"/> Indep <input type="checkbox"/> Dep <input type="checkbox"/> Documentation	Taxable Income	Non-Taxable	
Student Eligibility: <input type="checkbox"/> Citizen <input type="checkbox"/> Perm Res <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> FAT, If Required Prev School (Cont'd): _____ Alien Reg # _____ <input type="checkbox"/> ATB <input type="checkbox"/> Approved ATB Test Previous School: _____ Prev School (Cont'd): _____							
Federal Pell Budget		C-B/FFEL Budget/Combined Budget (93-94)			Scheduled Award		
Tuition/Fees	_____	Tuition	_____	PELL	_____		
Living Exp	_____	Fees	_____	FSEOG	_____	Federal Perkins Loan	
Child Care	_____	Books/Supplies	_____	PERKINS	_____	<input type="checkbox"/> Signed Note	
Handicapped	_____	Room/Board	_____	FWS	_____	<input type="checkbox"/> Signed Disclosure	
Total COA	_____	Personal Exp	_____	Stafford	_____	<input type="checkbox"/> Signed Repayment	
PGI/SAI	_____	Transportation	_____	SLS	_____		
PELL Grant	_____	Dependent Care	_____	PLUS	_____		
<input type="checkbox"/> Adjusted <input type="checkbox"/> Documented		Misc	_____	Other	_____		
		CB COA	_____	Other	_____		
		FC	_____	Total Aid	_____		
		Need	_____	Unmet Need	_____		
Verification							
<input type="checkbox"/> Required	<input type="checkbox"/> Completed						
<input type="checkbox"/> Documented	Tolerance _____	<input type="checkbox"/> Adjusted	<input type="checkbox"/> Documented	Overaward	_____		
FFEL		Stafford		SLS		PLUS	
COA _____	Amount Requested _____					Rate: _____	
EFA _____	Date Student Signed _____					<input type="checkbox"/> Required Default Steps Taken	
FC _____	Date School Certified _____						
Need	Loan Period _____						
				Stafford		FFEL	
				<input type="checkbox"/> Entrance Counseling		<input type="checkbox"/> Entrance Counseling	
				<input type="checkbox"/> Exit Counseling		<input type="checkbox"/> Exit Counseling	
				<input type="checkbox"/> Proration		<input type="checkbox"/> Std Conf Rpt - OK	

[illegible]

[illegible]

Date	Chk/Ref#	Amount Credited	Amount Paid to Student
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Total Disbursements:

COMMENTS